Kaly RAINOY, V. Sesse Lewis,

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2021 DEC 23 P 1: 1908 NO 21-CV-1185 Sed

Rer United States District Court 517 E Wisconsin Ave #362 Milwauker, WP 53202

clerkof eincuit courts, Hense find doeuments,

WELLY RAINEY 262-234-8546 3128 VERACH, Mount Pleasant, WI 53403

Truly yours,

## INMATE REQUEST FOR MENTAL HEALTH OR MEDICAL ATTENTION

Date/Time:		Deputy's	PR# 10768
<> INMATES, COMPLETE SHADED AREAS ONLY <>			
Print Full Name: With full know	wledge that I will be charged for the	SPN#Locat nis service, I request to see the medical s	
THE FOLLOWING FEES WILL NECESSARY BY THE ME In house medical (DR) visit or	L BE DEDUCTED FROM YOUR ( EDICAL STAFF, YOU WILL NOT I	OMPLETED BY MEDICAL STAFF OF COMMISSARY ACCOUNT IF THE SERVICE DENIED MEDICAL SERVICE IF YOUR Prescription Medication \$10.00 Medical Lab Work \$8.00	VICES ARE DEEMED
Please answer the following q	uestions:	-syching frist	F.SHP
Has our Medical or Mental He following:	alth office recently examined y	you for this condition, if so please circ	le one of the
Is your condition:	BETTER NO CHANGE	WORSE	
Do you have a history of diabo	etes? .YES NO	High blood pressure?	YES NO
Seizures? Yes NO	Depression or Psychological	ogical issues? YES NO	
		Do you have meds at home that can be provide medically necessary meds?	pe delivered to the YES NO
INMATE REQUEST FOR MEDICAL ATTENTION <> I request to see the medical staff for the following reason:			
INMATE: Please explain <u>Briefly</u> the nature of illness or other complaint: <>			
to got beal,	118 I 10 4	+ the print pla	1 inner
I don't Know	A DON LOURS	LOT has help he	y Sel = 1400
Much More Can	ITHE Haveny	F KEEP THING ROYSI	- our gior
4th Tran Afrain	that ship want	get any viles come	se They 191
flushers of do	rster Sexual 1-336	11 6 ME 9+ KICK- A	WOTHER WAS
Inmate Signature:	Man Gungard	Date /2///	1-2
minate Signature.	C.C.	Date	140
Medical care of prisoners will be as per ss 53.38, Wisconsin Statues and as per County Resolution.  Medical Office Notes on Back (yellow form)			
Date:	Time:	Nurse signature:	
RASO J-27A		SCEN 12/10	(20
White-Medical File	Yellow-Medical Res	ponse/Billing	Pink-Inmate

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DATE

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